

# VERMONT ENHANCED 9-1-1 MSAG UPDATE FORM

*Please note: New roads, road name changes, and address range changes require you to IMMEDIATELY update your MSAG with the VT E9-1-1 Board.*

## SECTION 1 – CHANGE/UPDATE REQUIRED

☐ **Add**

☐ **Change**

☐ **Delete**

☐ Street Name

☐ Range

☐ Community Name

☐ Odd, Even or Both Indicator

☐ Zone (ESN)

## SECTION 2 –

### Address Range Currently in MSAG

Street \_\_\_\_\_

Low Range \_\_\_\_\_

High Range \_\_\_\_\_

Odd/Even/Both \_\_\_\_\_

Municipality/State \_\_\_\_\_

Zone (ESN) \_\_\_\_\_

## SECTION 3 –

### Address Range Change or Addition

Street \_\_\_\_\_

Low Range \_\_\_\_\_

High Range \_\_\_\_\_

Odd/Even/Both \_\_\_\_\_

Municipality/State \_\_\_\_\_

Zone (ESN) \_\_\_\_\_

Remarks \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 4 (FOR SYSTEM PROVIDER USE ONLY)

E9-1-1 MSAG Corrected:

Date \_\_\_\_\_ Name \_\_\_\_\_

Remarks \_\_\_\_\_

Mail to: State of VT Enhanced 9-1-1 Board  
94 State Street, Montpelier, VT 05620-6501  
OR  
Fax to 802-828-4109  
For information call: 800-342-4911



# VERMONT ENHANCED 9-1-1 MSAG UPDATE PROCEDURE

## SECTIONS 1, 2, & 3

These sections are to be filled out by the originator of the **Vermont Enhanced 9-1-1 MSAG Update** in the municipality.

The originator checks off the MSAG Change/Update Required - "ADD, CHANGE or DELETE" and the data element(s) to be updated.

ADD: Check the ADD box and fill out section 3, "Address Range Change or Addition".

CHANGE: Check the CHANGE box and all of the data element boxes to be changed. Fill out section (2) "Address Range Currently in MSAG". Also fill out *only the information to be changed* in section (3) "Address Range Change or Addition" (CHANGE is used to change or update an existing MSAG Range).

DELETE: Check the DELETE box. Fill out section (2) "Address Range Currently in MSAG". Also write the word delete across section (3) "Address Range Change or Addition" (DELETE is used to delete an existing MSAG Range).

REMARKS: This section is used for additional text to explain any pertinent information concerning this MSAG CHANGE/UPDATE.

SIGNATURE: The signature of the authorized municipal contact who approved the MSAG Update.

PRINT NAME: The printed name of the authorized municipal contact who approved the MSAG Update.

TEL NUMBER: The telephone number of the municipal contact who approved the MSAG Update.

DATE: The date the authorized municipal contact approved the MSAG Update.

## SECTION 4 – FOR SYSTEM PROVIDER USE ONLY

Date: The date the E9-1-1 MSAG was corrected.

Name: The person who entered the MSAG Change/Update.

Remarks: This section is used for additional text to explain any pertinent information concerning this MSAG CHANGE/UPDATE.